

TRICHOMONIASIS*

STUDY OF THE DISEASE AND ITS TREATMENT

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I. THE DISEASE AND ITS TREATMENT IN WOMEN

Trichomonas vaginalis is commonly found in the genito-urinary tract. One or more tests for trichomonal infestation were carried out on 1,424 women attending the Whitechapel Clinic of The London Hospital during the year beginning July 1, 1960, and 449 (31·5 per cent.) of the patients were found to be harbouring the parasite. Of this number, 391 had a single episode of infestation in the year under review, 52 had two episodes, and 6 had three. An attack of trichomoniasis was recorded as a separate episode if a period of three months or more had elapsed since the treatment of a previous attack. Thus 513 episodes were recorded, amounting to 38 per cent. of the total of 1,355 cases of sexually transmitted disease diagnosed during the year under review. Search for the parasite is therefore essential in the cases of all women investigated for such disease.

Patients

Findings with regard to age, race, civil state, occupation, and pregnancy in the cases of the 449 female patients suffering from trichomoniasis are recorded in Table I.

Past History.—No data were available in the cases of 19 patients. Of the remaining 430 patients, 159 (38 per cent.) gave a history of a total of 543 episodes of sexually transmitted disease (excluding treponemal infection); 108 of these patients had previously been infested with *T. vaginalis* on one or more occasions, 98 had had one or more attacks of gonorrhoea, and 49 had suffered from salpingitis. These attacks had occurred from one month to more than ten years prior to the period under review; 271 patients (62 per cent.) gave no history of any such previous attack.

Reason for Attendance.—The reasons for attendance of the patients who suffered 513 attacks of trichomonal infestation are shown in Table II. In no less than 46 per cent. of cases the patients came of their own accord, in 24 per cent. they came as contacts, in 20·5 per cent. they were referred by other doctors, and in 9·5 per cent. they came for follow-up examinations after a previous attack of trichomoniasis or of another sexually transmitted disease.

Associated Sexually Transmitted Infections.—In 283 of the 513 cases (55 per cent.) trichomoniasis was the only sexually transmitted infection present. In 230 cases (45 per cent.) trichomoniasis occurred in association with one or more of the other sexually transmitted infections (Table III). Gonorrhoea was diagnosed in 155 (30 per cent.) of the 513 cases, and this was complicated by salpingitis in 17 (11 per cent. of the 155). Moniliasis was present in 29 (6 per cent.) of the 513 cases, genital warts in 22 (4 per cent.) non-specific salpingitis in 17 (3 per cent.), and non-specific bartholinitis was found in 4 cases (0·8 per cent.). Untreated treponemal disease was found in 15 (3 per cent.) of the 513 cases.

In 38 of the 449 patients (8·5 per cent.) a diagnosis of treponemal disease was made. In 15 (3 per cent.) the disease was hitherto untreated; in 23 (5 per cent.) it had been previously treated. Twenty-two of the cases of treponemal disease occurred in coloured patients and may have been due to either syphilis or yaws; the remaining 16 had syphilis.

Symptoms and Signs.—The symptoms in the 513 cases of trichomoniasis are recorded in Table IV and the signs in Tables V and VI. Each of these tables is in two parts: in part A the findings in the whole group have been recorded; in part B all cases of gonorrhoea, moniliasis, genital warts, non-specific

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TABLE I
AGE, NATIONALITY, CIVIL STATE, OCCUPATION, AND PREGNANCY OF 449 FEMALE PATIENTS

Age Group (yrs)	No. of Patients	Nationality	No. of Patients	Civil State	No. of Patients	Occupation	No. of Patients	Pregnancy	No. of Patients
10-19 ..	100	British ..	338	Single ..	227	Housewife ..	113	Pregnant ..	69
20-29 ..	222	Other White ..	25	Married ..	176	Factory worker ..	120	Not pregnant ..	365
30-39 ..	92	Caribbean ..	82	Widowed ..	3	Clerical worker ..	38	Default before assessment ..	15
40-49 ..	32	Other Coloured ..	2	Separated ..	34	Miscellaneous ..	108		
50 and over	3	No data ..	2	Divorced ..	6	Prostitute ..	24		
				No data ..	3	Unemployed ..	43		
						No data ..	3		
Total ..	449	Total ..	449	Total ..	449	Total ..	449	Total ..	449

TABLE II
REASON FOR ATTENDANCE OF
449 WOMEN WITH 513 ATTACKS OF TRICHOMONIASIS

How Referred	No. of Cases	Per cent.
Attended of own accord ..	235	45.8
Through contact ..	124	24.2
Through medical advice ..	105	20.5
Follow-up ..	49	9.5
Total ..	513	100

salpingitis, and Bartholinitis have been excluded.

Excluding the cases in which the necessary data were not recorded, 68 per cent. of the whole group complained of vaginal discharge compared with 72 per cent. of the group with trichomoniasis alone; vulval soreness occurred in 13.5 per cent. compared with 18 per cent.; vulval irritation in 18 per cent. compared with 21 per cent.; pain on passing urine in 17 per cent. compared with 16 per cent.; increased frequency of micturition in 9 per cent. compared with 8 per cent.; awareness of unpleasant odour in 7 per cent. compared with 10.5 per cent. There was abdominal pain in 66 (13 per cent.) of 497 cases in group A. This included the 34 cases of salpingitis, both gonococcal and non-specific.

Not only was vaginal discharge the commonest symptom but it was also the commonest sign; it was present in 81 per cent. of 442 unselected cases of trichomoniasis (Table VA) and in 93 per cent. of

TABLE III
ASSOCIATED SEXUALLY TRANSMITTED INFECTIONS
IN 230 OF 513 CASES

Diagnosis	No. of Cases	Per cent. of 513
Gonorrhoea (all cases) ..	155	30.2
Gonorrhoea (salpingitis) ..	17	3.3
Moniliasis ..	29	5.7
Genital warts ..	22	4.3
Non-specific salpingitis ..	17	3.3
Treponemal disease (untreated) ..	15	2.9
Non-specific Bartholinitis ..	4	0.8

230 cases of trichomoniasis alone (Table VB). There was perivulvitis in 9 per cent. compared with 11 per cent.; vulvitis in 38 per cent. compared with 43 per cent.; urethritis in 25 per cent. compared with 26 per cent.; and vaginitis in 81 per cent. compared with 82 per cent.

The type of discharge, when present, is recorded in Table VI.

The vaginal discharge was the classic "frothy" type in only 31 per cent. of cases of discharge in this whole group and in 29 per cent. of cases in those with trichomoniasis alone (Table VI). The character of the discharge was much the same in the two groups.

There were great variations in the clinical manifestations of trichomoniasis. In 48 cases (9 per cent. of 513) there were no symptoms and in 24 of these (5 per cent. of 513) there were no abnormal findings. A number of patients without symptoms attended as

TABLE IV
TRICHOMONIASIS: NATURE, SEVERITY, AND FREQUENCY OF SYMPTOMS

	Severity	Discharge	Soreness	Irritation	Pain on Passing Urine	Increased Frequency	Odour
A. All Cases	Marked .. Slight .. None .. Not recorded	93 } 67.7% 244 } 161 } 15 }	21 } 13.5% 46 } 430 } 16 }	21 } 17.9% 68 } 408 } 16 }	15 } 16.7% 68 } 415 } 15 }	16 } 9.1% 29 } 452 } 16 }	11 } 7.1% 24 } 461 } 17 }
Total	513	513	513	513	513	513
B. Tricho- moniasis Alone	Marked .. Slight .. None .. Not recorded	61 } 71.7% 137 } 78 } 7 }	16 } 18.2% 34 } 225 } 8 }	15 } 21.1% 43 } 217 } 8 }	8 } 15.6% 35 } 233 } 7 }	8 } 8.4% 15 } 252 } 8 }	9 } 10.5% 24 } 246 } 8 }
Total	283	283	283	283	283	283

TABLE V
TRICHOMONIASIS: NATURE, SEVERITY, AND FREQUENCY OF SIGNS

	Severity	Perivulvitis	Vulvitis	Urethritis	Vaginitis	Discharge
A. All Cases	Marked ..	25	49	13	112	Present 360 (81.4%)
	Slight ..	20	141	110	294	Absent 82
	None ..	460	310	371	95	Not recorded .. 71
	Not recorded	8	13	19	12	
Total ..		513	513	513	513	Total .. 513
B. Trichomoniasis Alone	Marked ..	17	35	8	76	Present 214 (93%)
	Slight ..	13	85	62	153	Absent 16
	None ..	249	158	204	50	Not recorded .. 53
	Not recorded	4	5	9	4	
Total ..		283	283	283	283	Total .. 283

contacts of men suffering from gonorrhoea, and those found to have both diseases were excluded from the group with trichomoniasis alone. This accounts for some of the differences between that group and the unselected group.

TABLE VI
TYPE OF DISCHARGE

Discharge		A. All Cases		B. Trichomoniasis Alone	
		No.	Per cent.	No.	Per cent.
Thin	Frothy	111	31	61	29
	Scanty	42	11	20	9
	Profuse	17	5	10	5
Thick	Mucopurulent	46	13	28	13
	Scanty	62	17	41	19
	Profuse	82	23	54	25
Total ..		360	100	214	100

Treatment

In 444 cases treatment with metronidazole ("Flagyl", May & Baker) was given in a dosage of 200 mg. by mouth 3 times daily after meals for 7 days, and the results of treatment were assessed.

Follow-up.—All patients were asked to attend at the end of treatment, at weekly intervals for two further weeks, and then after each menstrual period, or at intervals of four weeks, until they had been observed and tested for 90 days. At each attendance a wet vaginal smear was examined microscopically, without delay, for the presence of *T. vaginalis* and, in addition, fresh specimens of urine and of vaginal secretion were cultured in Feinberg-Whittington medium at the end of treatment and 90 days or more from the start of treatment.

Patients were advised to abstain from sexual intercourse for four weeks after treatment had been completed and were questioned about sexual activity at each follow-up visit. When possible the male consort was examined and if necessary treated, preferably while his partner was still under treatment.

In 289 cases treatment was completed as ordered and results could be assessed. In 32 cases the patients took none or only some of the metronidazole. In 123 cases the patients did not return for assessment.

Toxic Effects of Treatment.—In 268 (93 per cent.) of the 289 cases treatment was completed without complication. In 21 cases (7 per cent.) there were mild toxic effects but none was severe enough to curtail treatment. In 14 of these there was some disturbance of the alimentary tract, consisting for the most part of nausea, bad taste in the mouth, loss of appetite, vomiting, soreness of the mouth, and furring of the tongue. In 4 cases there were headache and dizziness. In 3 there were transient skin eruptions.

Results of Treatment.—Of the 289 cases in which treatment was completed, 284 were assessed at the end of treatment and trichomonads could not be found in 278 (98 per cent.) (Tables VII and VIII); symptoms due to trichomoniasis had been completely or partially relieved in 96.5 per cent. and signs of infestation had been completely or partially relieved in 98 per cent.

The duration of follow-up and the results are recorded in Table VIII. Observation for 90 days was completed and the patients remained free from infestation with *T. vaginalis* in 104 cases (72.2 per cent.). Relapse or re-infestation during this period occurred in 40 cases (28 per cent.); in 3 of these relapse appeared likely, but in most the distinction between relapse and re-infestation could not be made with any certainty. In 145 cases patients defaulted before observation for 90 days had been completed, all being apparently cured at the time of default. In 123 cases the patients defaulted without any follow-up and in 32 cases the patients failed to take the treatment as prescribed.

Summary

Infestation with *T. vaginalis* in 513 cases, involving 449 patients, was found among 1,355 cases of sexually transmitted infection in women attending

the Whitechapel Clinic of The London Hospital in the year beginning July 1, 1960, an incidence of 38 per cent. The patients and the clinical manifestations are described. Treatment with 200 mg. of metronida-

zole by mouth 3 times a day for 7 days gave an immediate success rate of 98 per cent. in 284 cases and a success rate after three months of 72 per cent. in 144 cases.

TABLE VII
IMMEDIATE RESULTS OF TREATMENT

Smears, Cultures	No. of Cases	Symptoms	No. of Cases	Signs	No. of Cases
<i>T. vaginalis</i> absent ..	278 (97.9%)	Relieved Improved	136 } (96.5%) 84 }	Relieved Improved	143 } (98.1%) 111 }
<i>T. vaginalis</i> present ..	6 (2.1%)	Unchanged Not recorded	8 (3.5%) 20	Unchanged Not recorded	5 (1.9%) 8
Not recorded	5	None initially	41	None initially	22
Total	289	Total	289	Total	289

TABLE VIII
OUTCOME WITH CUMULATIVE RELAPSE-RE-INFECTION RATE

Follow-up in days*	7	8-14	15-21	22-30	31-60	61-89	90 or more
No. examined	289	275	236	216	183	159	144
<i>T. vaginalis</i> not found							
No.	278	260	215	189	149	119	104
Per cent.	97.9 (5 no data)	94.5	91.1	87.5	81.4	74.8	72.2
<i>T. vaginalis</i> found							
No.	6	15	21	27	34	40	40
Per cent.	2.1	5.5	8.9	12.5	18.6	25.2	27.8
Late default	—	14	53	73	106	130	145
Immediate default ..	123	123	123	123	123	123	123
Insufficient treatment ..	32	32	32	32	32	32	32
Total	444	444	444	444	444	444	444

* From start of treatment

II. THE DISEASE AND ITS TREATMENT IN MEN

The protozoan *Trichomonas vaginalis* is the most commonly recognized causative agent of non-gonococcal urethritis. In the year beginning July 1, 1960, 1,646 cases of non-gonococcal urethritis were diagnosed at the Whitechapel Clinic of The London Hospital. In each of these a search for *T. vaginalis* was made, at the least, by a microscopic examination of a wet smear of urethral material. In 92 of these cases (5.6 per cent.) *T. vaginalis* was found. The 92 episodes affected 86 men. In the cases of 82 patients the parasite was found on one occasion, in 3 on two occasions and, in that of one patient, on four separate occasions.

Patients

Table IX gives details of the age, civil state, nationality, and occupation of the 86 patients. None was known to be homosexual.

Past History.—No data were available on 7 patients; 46 (58 per cent.) gave a history of a total of 198 previous episodes of sexually transmitted disease, excluding treponemal infection, these episodes having occurred from one month to more than twenty years prior to the period under review. The episodes included 88 attacks of gonococcal urethritis and 81 attacks of non-gonococcal urethritis, and 14 patients (18 per cent.) had each had one previous attack of trichomonal infestation; 33 (42 per cent.) gave no history of previous sexually transmitted disease.

Attendance.—How the 86 patients came to attend the clinic with 92 attacks of trichomoniasis is shown in Table X.

Associated Sexually Transmitted Disease.—In 72 of the 92 cases (78 per cent.) trichomoniasis was the only sexually transmitted disease (excluding possible non-specific urethritis) present at the time of

TABLE IX
AGE, CIVIL STATE, NATIONALITY, AND OCCUPATION OF 86 MALE PATIENTS

Age (yrs)	No.	Civil State	No.	Nationality	No.	Occupation	No.
10-19	1	Single	37	British	18	Manual	44
20-29	28	Married	43	Other White	11	Factory worker	12
30-39	43	Separated	6	Caribbean	41	Clerical worker	1
40-49	9			Other Negro	13	Transient	1
50+	5			Asian	3	Miscellaneous	23
						Nil	4
						Not recorded	1
Total	86		86		86		86

TABLE X
ATTENDANCE OF 86 MEN WITH 92 ATTACKS
OF TRICHOMONIASIS

How Referred	No.
Attended of own accord	50
Through medical advice	14
Through contact	13
Follow-up	12
No data	3
Total	92

examination. In 20 cases (22 per cent.) trichomoniasis occurred in association with other sexually transmitted infection. In 8 cases there was associated gonococcal urethritis, in 3 there were genital warts, and in 9 untreated treponemal disease was found. A further 10 patients had previously received treatment for treponemal disease so, in all, a diagnosis of treponemal disease was made in 19 (22 per cent.) of 86 patients.

In 20 cases systemic treatment for non-specific urethritis was required during the period of observation.

Symptoms and Signs.—The symptoms and signs in the 92 cases studied are shown in Tables XI–XIV.

There was complaint of urethral discharge in 59 cases (64 per cent.); in 54 cases the discharge was slight, in 5 it was marked. There was urethral irritation on passing urine in 48 cases (52 per cent.); in 41 the irritation was slight, in 7 it was marked. Urethral pain on passing urine was noted in 22 cases (24 per cent.); in 17 this was slight, and in 5 it was marked. In 5 cases (5 per cent.) there was slight

increase in the frequency of micturition. In 4 cases (4 per cent.) there was lower abdominal pain, probably due to cystitis. In 3 cases (3 per cent.) there was discomfort of the prepuce or of the glans penis and prepuce. There were no symptoms of any kind in 17 cases (18 per cent.).

Urethritis, as shown by the presence of an excess of polymorphonuclear leucocytes in scrapings from the urethral mucous membrane, was present in all cases including the six in which *T. vaginalis* was found in the prostatico-vesicular secretion and not in the urethra. There was evidence of genito-urinary infection in the two-glass test in 77 of 84 cases (92 per cent.); in 68 cases the changes were slight, in 9 they were marked. Urethral discharge was present in 67 of 88 cases (76 per cent.); in 47 it was slight, in 20 it was marked. Meatitis was present in 24 of 91 cases (26 per cent.). There was trichomonal balanoposthitis in 4 of 91 cases (4 per cent.) and cystitis in 4 of 84 cases (5 per cent.).

The urethral discharge (Table XIII) was mucoid in 24 of the 67 cases in which discharge was present (36 per cent.), mucopurulent in 23 (34 per cent.), and purulent in 20 (30 per cent.).

In 7 of 84 cases (8 per cent.) the urine in the first and second glasses was clear. In 43 cases (51 per cent.) there were shreds in the first specimen, in 30 (36 per cent.) there was a haze in the first specimen, and in 4 (5 per cent.) the urine in both glasses was hazy (Table XIV).

Some additional clinical details relating to the 86 patients are shown in Table XV.

Using the methods and criteria outlined by Oates (1958), evidence of non-specific prostatico-vesiculitis

TABLE XI
SYMPTOMS

	Severity			Total
	Marked	Slight	Nil	
Urethral discharge ..	5	54	33	92
Irritation on passing urine ..	7	41	44	92
Pain on passing urine ..	5	17	70	92
Increased frequency ..	—	5	87	92
Lower abdominal pain ..	—	4	88	92
Penile discomfort ..	—	3	89	92

TABLE XII
SIGNS

	Severity				Total
	Marked	Slight	Nil	No Data	
Abnormal two-glass test ..	9	68	7	8	92
Urethral discharge ..	20	47	21	4	92
Meatitis ..	—	24	67	1	92
Balanoposthitis ..	—	4	87	1	92
Cystitis ..	1	3	80	8	92

TABLE XIII
TYPE OF URETHRAL DISCHARGE

Type	No. of Cases
Mucoid	24
Muco-purulent	23
Purulent	20
Nil	21
Not recorded	4
Total	92

TABLE XV
ADDITIONAL FINDINGS IN 86 PATIENTS

	Present		Absent		No Data	Total
	No.	Per cent.	No.	Per cent.		
Non-specific prostatico-vesiculitis	8	13	52	87	26	86
Urethral stricture	7	12	52	88	27	86
Phimosis	2	2	84	98	—	86
Hypospadias	7	8	79	92	—	86
Inflamed para-urethral duct	3	3	83	97	—	86
Prepuce	47	75	16	25	23	86

was found in 8 of 60 patients (13 per cent.) during tests for cure (Table XV). Urethral stricture was present in 7 (12 per cent.) of 59 patients in whose cases urethroscopy was carried out; 2 patients had phimosis and 7 had hypospadias; thus, structural abnormalities were found in a total of 16 patients (19 per cent.).

Thirteen patients attended as contacts of women with *T. vaginalis* infestation. Eight of these patients were symptom-free and without obvious signs of infection; in these and similar cases investigation for *T. vaginalis* included tests of the early morning urethral secretion and examination of the prostatico-vesicular fluid.

In 6 patients *T. vaginalis*, with an excess of polymorphonuclear leucocytes, was found in the prostatico-vesicular fluid, but this test was not applied before treatment in those cases in which the parasite had already been found in the urethra. Following treatment, tests of the prostatico-vesicular fluid gave normal results in the cases of 4 of the 6 patients; persistent prostatico-vesiculitis was found in one and the remaining patient defaulted.

Treatment

In 89 cases treatment was given with metronidazole ("Flagyl", May & Baker) in a dosage of 200 mg. 3 times a day for 7 days. Three patients defaulted without treatment.

Follow-up and Results.—All patients were asked to attend at the end of treatment, at weekly intervals for three further weeks and then at four-week intervals until the completion of observation for 90 days

TABLE XIV
TWO-GLASS TEST

Glass 1	Glass 2	No. of Cases
Clear	Clear	7
Shreds	Clear	43
Haze	Clear	30
Haze	Haze	4
Not recorded	Not recorded	8
Total		92

from the start of treatment. At each attendance any urethral discharge was investigated by the microscopical examination of a smear stained by Gram's method and by culture for bacteria; scrapings were also taken from the urethral mucosa and examined for trichomonads by dark-field microscopy. Cultures for trichomonads were made at the completion of treatment and after observation for 90 days. Two weeks after the end of treatment the fluid expressed by massage of the prostate and seminal vesicles was examined, and urethroscopy performed. Patients were advised to abstain from sexual intercourse for four weeks after treatment and were questioned about sexual activity at each attendance. Patients were requested to refrain from passing urine for at least three hours prior to each attendance.

In 18 cases default was immediate and no follow-up was possible. In 27 cases default occurred before observation for 90 days had been completed but all these patients were apparently cured at the time of default. In 38 cases observation for 90 days was completed satisfactorily, and in 6 cases relapse or re-infection occurred before that time. The prescribed treatment had been taken, without any toxic effects, by all patients who attended for follow-up. In 20 cases additional systemic treatment was required for non-specific urethritis during the period of observation. No urethral irrigation was used. The duration of the follow-up and the cumulative relapse-re-infection rate recorded in Table XVI.

One patient who had four observed attacks of trichomonal urethritis was almost certainly re-infected by his consort, and his case history is given below. The cause of the re-infestation in the other cases could not be established with certainty.

Case History

A 55-year-old man attended because of symptomatic trichomonal urethritis. He stated that he was single and that he had had recent sexual intercourse with an untraceable consort. He was treated with metronidazole with initial success. Follow-up examinations, which included urethroscopy and tests of the prostatico-vesicular fluid, proved satisfactory until nine weeks after treatment, when he was found to have symptomless trichomonal urethritis. He was re-treated with metronidazole and follow-up

TABLE XVI
OUTCOME WITH CUMULATIVE RELAPSE-RE-INFECTION RATE

Follow-up in Days*	7	8-14	15-21	22-30	31-60	61-89	90 or more
No. examined	71	69	66	60	55	50	44
<i>T. vaginalis</i> not found							
No.	71	69	65	57	51	44	38
Per cent.	100	100	98.5	95	93	88	86
<i>T. vaginalis</i> found (cumulative)							
No.			1	3	4	6	6
Per cent.			1.5	5	7	12	14
Late default		2	5	11	16	21	27
Immediate default	18	18	18	18	18	18	18
Total	89	89	89	89	89	89	89

* From start of treatment.

proved satisfactory for ten weeks, when he was once again found to have symptomless trichomonal urethritis. He then admitted that he was married and had never had extramarital intercourse. He was given a further course of metronidazole, and brought his wife for examination. She was found to have trichomonal vaginitis and was given sufficient metronidazole for a course of treatment lasting seven days. She defaulted immediately. Eleven weeks later the husband re-attended because of trichomonal urethritis and the wife re-attended with trichomonal vaginitis. They were treated simultaneously with metronidazole and then completed observation with negative tests for three months. The wife admitted that she had only taken one tablet of those prescribed in her original course of treatment; the remainder had been consumed by her husband when he had developed a recurrence of urethral discharge after marital intercourse.

This group of patients was studied, and the manifestations of trichomoniasis and associated findings are recorded.

Treatment with 200 mg. metronidazole by mouth 3 times a day for 7 days gave an immediate success rate of 100 per cent. in 71 cases, and a success rate after 90 days of 93 per cent., excluding probable re-infestations, in 41 cases followed for that period of time.

We are grateful to Messrs May & Baker Ltd. for supplies of metronidazole ("Flagyl").

REFERENCE

Oates, J. K. (1958). *Brit. J. vener. Dis.*, **34**, 250.

TABLE XVII
ASSESSMENT OF RESULTS
(EXCLUDING PROBABLE RE-INFESTATIONS)

Time	No. of Cases	Success		Failure	
		No.	Percent.	No.	Percent.
Immediate ..	71	71	100	—	—
At 3 months ..	41	38	93	3	7

If the recurrent attacks in this case are accepted as re-infestations, the results of treatment were as shown in Table XVII.

The immediate success rate was 100 per cent. in 71 cases. After observation for 90 days cure was established in 38 of 41 cases (93 per cent.) and re-treatment had been required in the cases of only 3 patients (excluding the patient whose history is given above).

Summary

Trichomonas vaginalis was found in 92 (5.6 per cent.) of 1,646 cases of non-gonococcal urethritis in males diagnosed at the Whitechapel Clinic of The London Hospital in the year beginning July 1, 1960.

Infestation par le trichomonas Étude de la maladie et de son traitement

RÉSUMÉ

I. Chez la femme

On trouva 513 cas d'infestation par le trichomonas vaginalis (chez 449 malades) parmi 1.355 cas d'infection transmise par contact sexuel chez les femmes se faisant soigner au dispensaire de Whitechapel, London Hospital, pendant l'année commençant le 1^{er} juillet 1960: soit une proportion de 38%. On décrit les malades et les manifestations cliniques. Un traitement de 200 mg. de metronidazole par la bouche, 3 fois par jour, pendant 7 jours, donna un taux de succès de 98% dans 284 cas et de 72% après 3 mois dans 144 cas.

II. Chez l'homme

On trouva le trichomonas vaginalis dans 92 (5,6%) des 1.646 cas d'urétrites non gonococciques diagnostiquées au dispensaire de Whitechapel, pendant l'année commençant le 1^{er} juillet 1960. On étudie ce groupe de malades et on rapporte les manifestations de l'infestation à trichomonas et les symptômes associés.

Le traitement par 200 mg. de metronidazole par la bouche, 3 fois par jour, pendant 7 jours, donne un pourcentage de succès immédiat de 100 dans 71 cas et de 93 après 90 jours (en éliminant les reinfestations probables) dans 41 cas suivis pendant cette période.